

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
Alcon Laboratories Inc.  
PO Box 75877  
Charlotte, NC 28275

Alcon Laboratories, Inc.  
Attn: Royce Bedward, SVP,  
General Counsel & Corporate Secretary  
P.O. Box 75877  
Charlotte, NC 28275

George P. Apostolides  
Saul Ewing Arnstein & Lehr LLP  
161 North Clark, Suite 4200  
Chicago, IL 60601

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Alcon Laboratories, Inc.  
Attn: David J. Endicott, CEO  
Royce Bedward, SVP GC & Corp Secty  
6201 South Freeway  
Fort Worth, TX 76134-2001

The Corporation Trust Company  
R/A for Alcon Laboratories, Inc.  
Corporation Trust Center  
1209 Orange St  
Wilmington, DE 19801

Corporation Service Company  
R/A for Alcon Laboratories, Inc.  
251 Little Falls Drive  
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <b>X</b> <i>Paul Sisofo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Corporation Service Company  R/A for Alcon Laboratories, Inc.  251 Little Falls Drive  Wilmington, DE 19808</p>		<p>B. Received by (Printed Name) <i>Paul Sisofo</i> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2400 0000 3936 7388</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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